

(6-16-03)

1762

EV085413645

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PTO/SB 21 (6-98)
Approved for use through 09/30/2000 OMB 0651-0031
Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)


Application Number	09/905,320
Filing Date	July 13, 2001
First Named Inventor	Cem Basceri
Group Art Unit	1762
Examiner Name	Eric B. Fuller
Attorney Docket Number	M122-1657

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Return Receipt Postcard
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	A \$180.00 check
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	PTO-1449 and copies of cited art references
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	Customer No. 021567.
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Mark S. Matkin, Reg. No. 32,268 Wells St. John P.S.
Signature	
Date	6/10/03

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

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PTO SB 17 (12-99)

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FEE TRANSMITTAL**for FY 2003**

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO SB 09-12. See 37 CFR §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$180.00)**Complete if Known**

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 Filing Date July 13, 2001
 First Named Inventor Cem Basceri
 Examiner Name Eric B. Fuller
 Group / Art Unit 1762
 Attorney Docket No. M122-1657

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JUN 28 2003
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METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																																																																																																																																																																																																																																																												
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account Number <u>23-0925</u> Deposit Account Name <u>Wells St. John P.S.</u> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and * 1.7		3. 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FEE CALCULATION 1. BASIC FILING FEE <table border="1"> <thead> <tr> <th>Large Fee Code (\$)</th> <th>Entity Fee Code (\$)</th> <th>Small Fee Code (\$)</th> <th>Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>690</td><td>201</td><td>345</td><td>Utility filing fee</td><td>0.00</td></tr> <tr><td>106</td><td>310</td><td>206</td><td>155</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>480</td><td>207</td><td>240</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>690</td><td>208</td><td>345</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="5">SUBTOTAL (1)</td> <td>(\$0.00)</td> </tr> </tbody> </table> 2. EXTRA CLAIM FEES <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>20**</td> <td>0</td> <td>0</td> </tr> <tr> <td>0</td> <td>3**</td> <td>0</td> <td>0</td> </tr> <tr> <td colspan="4">Multiple Dependent</td> <td>0</td> </tr> </tbody> </table> **or number previously paid, if greater; For Reissues, see below <table border="1"> <thead> <tr> <th>Large Fee Code (\$)</th> <th>Entity Fee Code (\$)</th> <th>Small Fee Code (\$)</th> <th>Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>78</td><td>202</td><td>39</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>260</td><td>204</td><td>130</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>78</td><td>209</td><td>39</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="5">SUBTOTAL (2)</td> <td>(\$0.00)</td> </tr> </tbody> </table>		Large Fee Code (\$)	Entity Fee Code (\$)	Small Fee Code (\$)	Entity Fee Code (\$)	Fee Description	Fee Paid	101	690	201	345	Utility filing fee	0.00	106	310	206	155	Design filing fee		107	480	207	240	Plant filing fee		108	690	208	345	Reissue filing fee		114	150	214	75	Provisional filing fee		SUBTOTAL (1)					(\$0.00)	Total Claims	Extra Claims	Fee from below	Fee Paid	0	20**	0	0	0	3**	0	0	Multiple Dependent				0	Large Fee Code (\$)	Entity Fee Code (\$)	Small Fee Code (\$)	Entity Fee Code (\$)	Fee Description	Fee Paid	103	18	203	9	Claims in excess of 20		102	78	202	39	Independent claims in excess of 3		104	260	204	130	Multiple dependent claim, if not paid		109	78	209	39	** Reissue independent claims over original patent		110	18	210	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$0.00)	SUBTOTAL (2) (\$0.00)																																																																																																																																																																																							
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SUBMITTED BY		Complete if applicable	
Name (Print Type)	Mark S. Matkin	Registration No. (Attorney Agent)	32,268
Signature		Telephone	509-624-4276
		Date	6/10/03

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